



Michigan Association of Health Plans

Testimony before the House Committee on Health Policy

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My name is Christine Shearer, Director of Legislation for the Michigan Association of Health Plans and I am here today with Marilyn Legacy, Manager of Medical Services of Health Plus of Michigan testify in support of SB 1198.

The MAHP is supportive of all efforts to improve the health care of children in Michigan. We have been pleased to be part of the overall strategy of dramatically improving the childhood immunization rates, from last in the nation in 1994 to sixth under the last national survey in 2002. We expect the rates to be sustained and with further improvements. This effort was realized by hard work by many proponents and advocates, improved awareness by providers, new technology and use of registries, and the state's use of both incentives and specific contract standards for health plans.

We believe a similar approach can work to improve the blood lead screening rates for at risk children. The Health Plans are working collaboratively with community agencies to address the objective of increasing childhood screening rates. All Medicaid enrolled children are considered to be at high risk for blood lead poisoning. In accordance with the Centers for Medicare and Medicaid Services guidelines, Michigan Medicaid policy requires that all Medicaid enrolled children be blood tested at 12 and 24 months of age, or between 36 and 72 months of age if not previously tested.

The legislative mandate (public Act 55 of 2004) to have Medicaid Fee-for-Service and Managed Care Plans increase screening levels to 80% by October 1, 2007 is in place and members of MAHP along with the Department of Community Health have established annual appropriate targets to move everyone toward the overall objective.

MDCH provides a monthly report on blood lead testing rates for all the Medicaid programs (MC, FFS, CSHCS/Medicaid). By all reporting results, movement has been significant. The overall industry screening rate has moved from about 48% of children receiving at least one blood lead test before their 3rd birthday in April of 2004 to 60% in April 2006.

The health plans have implemented numerous measures to try and reach this goal. Monthly lists are sent to doctors indicated children still in need of lead testing, calls to parents as well as lab slips reminding them to get the children tested, some plans have even gone door to door trying to test children in their home. Many health plans have begun to use incentives to reward the families who get their children tested. We have accomplished this through hard work, collaboration with community agencies and information and communication with our health care providers and enrollees. Despite all of these efforts, the health plan rate is still only at 60% of the eligible children being tested.

Currently 80% of children that receive WIC benefits are also receiving Medicaid health care coverage. WIC currently tests children for anemia every six months using a finger poke to obtain the blood. This same poke could be used to obtain the blood necessary to test the child for lead poisoning.

In regards to payment, the Medicaid health plans are already paying for these children to be tested. We will continue to pay as we currently do.

This is a captured audience as families return to the WIC clinic every 3 months to pick up their food coupons. We need to capitalize on these missed opportunities. It makes sense to test these children for lead at the same time we are testing for anemia.

Thank you for the opportunity to testify. Marilyn and I would be happy to answer any questions you may have.